

EVERGREEN HEALTH CENTER  
1130 N WESTFIELD ST

OSHKOSH 54902 Phone:(920) 233-2340  
Operated from 1/1 To 12/31 Days of Operation: 366  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/04): 108  
Total Licensed Bed Capacity (12/31/04): 108  
Number of Residents on 12/31/04: 106

Ownership: Non-Profit Corporation  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? Yes  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 106

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		32.1
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		46.2
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.9	More Than 4 Years		21.7
Day Services	No	Mental Illness (Org./Psy)	34.9	65 - 74	3.8			-----
Respite Care	Yes	Mental Illness (Other)	4.7	75 - 84	26.4			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	50.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	18.9	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.9		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	18.9		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	12.3	65 & Over	99.1	-----		
Transportation	No	Cerebrovascular	0.0		-----	RNs		13.2
Referral Service	No	Diabetes	0.0	Gender	%	LPNs		5.0
Other Services	Yes	Respiratory	0.9	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	27.4	Male	17.9	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	82.1			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total Resi- dents	% Of All
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	5	100.0	292	41	89.1	122	0	0.0	0	55	100.0	188	0	0.0	0	0	0.0	0	101
Intermediate	---	---	---	5	10.9	101	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	5	100.0		46	100.0		0	0.0		55	100.0		0	0.0		0	0.0	106	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	14.1	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	0.0	Bathing	0.0	79.2	20.8	106
Other Nursing Homes	5.4	Dressing	12.3	60.4	27.4	106
Acute Care Hospitals	67.4	Transferring	24.5	55.7	19.8	106
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	21.7	58.5	19.8	106
Rehabilitation Hospitals	0.0	Eating	76.4	10.4	13.2	106
Other Locations	13.0	*****				
Total Number of Admissions	92	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	1.9		Receiving Respiratory Care	11.3
Private Home/No Home Health	28.1	Occ/Freq. Incontinent of Bladder	54.7		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	4.5	Occ/Freq. Incontinent of Bowel	20.8		Receiving Suctioning	0.0
Other Nursing Homes	0.0				Receiving Ostomy Care	0.9
Acute Care Hospitals	16.9	Mobility			Receiving Tube Feeding	0.0
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	1.9		Receiving Mechanically Altered Diets	23.6
Rehabilitation Hospitals	0.0					
Other Locations	11.2	Skin Care			Other Resident Characteristics	
Deaths	39.3	With Pressure Sores	1.9		Have Advance Directives	74.5
Total Number of Discharges		With Rashes	1.9		Medications	
(Including Deaths)	89				Receiving Psychoactive Drugs	48.1

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Nonprofit %	Peer Group Ratio	Bed Size: 100-199 %	Peer Group Ratio	Licensure: Skilled %	Peer Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98.1	92.7	1.06	90.2	1.09	90.5	1.09	88.8	1.11
Current Residents from In-County	72.6	84.6	0.86	82.9	0.88	82.4	0.88	77.4	0.94
Admissions from In-County, Still Residing	30.4	20.5	1.48	19.7	1.54	20.0	1.52	19.4	1.57
Admissions/Average Daily Census	86.8	153.0	0.57	169.5	0.51	156.2	0.56	146.5	0.59
Discharges/Average Daily Census	84.0	153.6	0.55	170.5	0.49	158.4	0.53	148.0	0.57
Discharges To Private Residence/Average Daily Census	27.4	74.7	0.37	77.4	0.35	72.4	0.38	66.9	0.41
Residents Receiving Skilled Care	95.3	96.9	0.98	95.4	1.00	94.7	1.01	89.9	1.06
Residents Aged 65 and Older	99.1	96.0	1.03	91.4	1.08	91.8	1.08	87.9	1.13
Title 19 (Medicaid) Funded Residents	43.4	54.6	0.79	62.5	0.69	62.7	0.69	66.1	0.66
Private Pay Funded Residents	51.9	32.6	1.59	21.7	2.39	23.3	2.23	20.6	2.52
Developmentally Disabled Residents	0.0	0.5	0.00	0.9	0.00	1.1	0.00	6.0	0.00
Mentally Ill Residents	39.6	37.4	1.06	36.8	1.08	37.3	1.06	33.6	1.18
General Medical Service Residents	27.4	20.2	1.35	19.6	1.40	20.4	1.34	21.1	1.30
Impaired ADL (Mean)	46.8	50.1	0.93	48.8	0.96	48.8	0.96	49.4	0.95
Psychological Problems	48.1	58.4	0.82	57.5	0.84	59.4	0.81	57.7	0.83
Nursing Care Required (Mean)	5.0	7.0	0.71	6.7	0.74	6.9	0.72	7.4	0.67